## COMBINED DECLARATION FOR PATENT APPLICATION AND POWER OF ATTORNEY

(includes Reference to PCT International Applications)

ATTORNEY'S DOCKET NUMBER **PHAT020073 US** 

|   | · · · · · · · · · · · · · · · · · · · |  |  |  |  |  |  |
|---|---------------------------------------|--|--|--|--|--|--|
| As a below named inventor, I hereby declare that:   |                                       |  |  |  |  |  |  |
| My residence, post office address and citizenship are as stated next to my name.  |                                       |  |  |  |  |  |  |
| I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled: "Personal care apparatus with a suction pipette" the specification of which (check only one item below):   |                                       |  |  |  |  |  |  |
| is attached hereto.   |                                       |  |  |  |  |  |  |
| ☐ was filed as United States a  | pplication                            |  |  |  |  |  |  |
| Serial No   |                                       |  |  |  |  |  |  |
| on  | ****                                  |  |  |  |  |  |  |
| and was amended   |                                       |  |  |  |  |  |  |
| on  |                                       |  |  |  |  |  |  |
| _   |                                       |  |  |  |  |  |  |
| was filed as PCT internation  |                                       |  |  |  |  |  |  |
| Number  |                                       |  |  |  |  |  |  |
| on  |                                       |  |  |  |  |  |  |
| and was amended under PCT   | Article 19                            |  |  |  |  |  |  |
| on  |                                       |  | (if  |  |  |  |  |
| applicable).  |                                       |  | ("   |  |  |  |  |
| claims, as amended by any am  | endment referred to above.            | ents of the above-identified specification | -  |  |  |  |  |
| I acknowledge the duty to disclose information which is material to the examination of this application in accordance with Title 37, Code of Federal Regulations, § 1.56.   |                                       |  |  |  |  |  |  |
| I hereby claim foreign priority benefits under Title 35, United States Code, § 119 of any foreign application(s) for patent or inventor's certificate or of any PCT international application(s) designating at least one country other than the United States of America listed below and have identified below any foreign application(s) for patent or inventor's certificate or any PCT international application(s) designating at least one country other than the United States of America filed by me on the same subject matter having a filing date before that of the application(s) of which priority is claimed: |                                       |  |  |  |  |  |  |
| PRIOR FOREIGN/PCT APPLIC  | CATION(S) AND ANY PRIORI              | TY CLAIMS UNDER 35 U.S.C. 119:             |  |  |  |  |  |
| COUNTRY   | APPLICATION NUMBER                    | DATE OF FILING<br>DAY, MONTH, YEAR         | PRIORITY<br>CLAIMED<br>UNDER 35 USC<br>119 |  |  |  |  |
| EP  | 02 102 725.5                          | 11-12-2002                                 | YES  |  |  |  |  |
|   |                                       |  |  |  |  |  |  |
|   |                                       |  |  |  |  |  |  |
|   |                                       | I C DEDARTMENT OF COMMEDCE - Patent        | and Trademarks Office                      |  |  |  |  |

Combined Declaration For Patent Application and Power of Attorney (Continued) (includes Reference to PCT International Applications)

Attorney's Docket Number **PHAT020073 US** 

POWER OF ATTORNEY: As a named inventor, I hereby appoint the following attorney(s) and/or agent(s) to prosecute this application and transact all business in the Patent and Trademark Office connected therewith. (List name and registration number)

Jack E. Haken, Reg. No. 26,902 Michael E. Marion, Reg. No. 32,266 Edward M. Blocker, Reg. No. 30,245 Direct Telephone Calls to: (name and telephone number) (914)332-0222

|     | FULL NAME OF | FAMILY NAME         | FIRST GIVEN NAME         | SECOND GIVEN NAME        |
|-----|--------------|---------------------|--------------------------|--------------------------|
| 201 | INVENTOR     | FERTNER             | Rembert                  |                          |
|     | RESIDENCE &  | CITY                | STATE OR FOREIGN COUNTRY | COUNTRY OF CITIZENSHIP   |
|     | CITIZENSHIP  | Klagenfurt          | Austria                  | Austria                  |
|     | POST OFFICE  | POST OFFICE ADDRESS | CITY                     | STATE & ZIP CODE/COUNTRY |
|     | ADDRESS      | Boecklgasse 16      | A-9020 Klagenfurt        | Austria                  |
|     | FULL NAME OF | FAMILY NAME         | FIRST GIVEN NAME         | SECOND GIVEN NAME        |
| 202 | INVENTOR     | PUTZER              | Arthur                   |                          |
|     | RESIDENCE &  | CITY                | STATE OR FOREIGN COUNTRY | COUNTRY OF CITIZENSHIP   |
|     | CITIZENSHIP  | Bad Eisenkappel     | Austria                  | Austria                  |
|     | POST OFFICE  | POST OFFICE ADDRESS | CITY                     | STATE & ZIP CODE/COUNTRY |
|     | ADDRESS      | Lobnig 2            | A-9135 Bad Eisenkappel   | Austria                  |

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true: and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under section 1001 if Title 18 of the United states Code, and that such willful false statements may jeopardize the validity of the application or any patent issuing thereon.

SIGNATURE OF INVENTOR 201

SIGNATURE OF INVENTOR-202

DATE

U.S. DEPARTMENT OF COMMERCE - Patent and Trademarks Office (July 1994)

10/537882

## JC09 Rec'd PCT/PTO 0 7 JUN 2005 PTO/SB/96 (08-03) Approved for use through 07/31/2006. OMB 0651-0031 U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE To collection of information unless it displays a valid OMB control number.

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

| STATEMENT   | T UNDER 37 CFR 3.73(b)  |
|---|---|
| Applicant/Patent Owner: Koninklijke Philips Electronics N.V.  |   |
| Application No./Patent No.: Concurrently Fi   | led/Issue Date: Concurrently  |
| Entitled: PERSONAL CARE APPARATUS WITH A SUCTI  | ON PIPETTE  |
| Koninklijke Philips Electronics N.V. , a (Name of Assignee)   | corporation (Type of Assignee, e.g., corporation, partnership, university, government agency, etc.)             |
| states that it is:  1.   the assignee of the entire right, title, and interest; of the entire right, title, and the entire right, |   |
| 2.   an assignee of less than the entire right, title and in The extent (by percentage) of its ownership interest in the patent application/patent identified above by virtue   | nterest.  |
| A. [ ] An assignment from the inventor(s) of the patent a in the United States Patent and Trademark Office a attached.  | application/patent identified above. The assignment was recorded at Reel, Frame, or for which a copy thereof is |
| OR  |   |
| B. [ ] A chain of title from the inventor(s), of the patent apbelow:  | oplication/patent identified above, to the current assignee as shown  |
| From:  The document was recorded in the United S Reel , Frame   | To:  States Patent and Trademark Office at , or for which a copy thereof is attached.                           |
| 2. From:  | To:   |
| The document was recorded in the United S Reel, Frame   | States Patent and Trademark Office at, or for which a copy thereof is attached.                                 |
| The document was recorded in the United S   | To: States Patent and Trademark Office at, or for which a copy thereof is attached.                             |
| [ ] Additional documents in the chain of title are  | ·   |
| [ ] Copies of assignments or other documents in the cha<br>[NOTE: A separate copy (i.e., the original assignment<br>must be submitted to Assignment Division in accordar<br>recorded in the records of the USPTO. <u>See</u> MPEP 30  | t document or a true copy of the original document) ince with 37 CFR Part 3, if the assignment is to be         |
| The undersigned (whose title is supplied below) is author   |   |
| Date  | Russell Gross, Reg. 40,007  |
| (914) 333-9631  | Typed or printed harbe  |
| Telephone number  | Signature   |
|   | Corporate Counsel Title   |

This collection of information is required by 37 CFR 3.73(b). The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

## POWER OF ATTORNEY TO PROSECUTE APPLICATIONS BEFORE THE USPTO

| I hereby revoke all previous powers of attorney given in the application identified in the attached statement under 37 CFR 3.73(b).  |  |  |  |                                      |  |                         |  |  |
|--|--|--|--|--------------------------------------|--|-------------------------|--|--|
| I here   | by appoint:                            |  |  |                                      |  |                         |  |  |
|  | Practitioners asso                     | clated with the Customer Number:   | 247  | 137                                  |  |                         |  |  |
| -  | R                                      |  |  |                                      |  |                         |  |  |
| Practitioner(s) named below (if more than ten patent practitioners are to be named, then a customer number must be used):  |  |  |  |                                      |  |                         |  |  |
|  | Name                                   |  | Registration Na<br>Number                        |                                      | Name   | Registration<br>Number  |  |  |
|  |  |  |  |                                      |  |                         |  |  |
| Λ (A)  |  |  |  |                                      |  |                         |  |  |
|  |  |  |  |                                      |  |                         |  |  |
|  |  |  |  |                                      |  |                         |  |  |
|  |  |  |  |                                      |  |                         |  |  |
| BIII GIK   | a an patein appince                    | ) to represent the undersigned before attoms assigned only to the undersigned only to the undersigned are with 37 CFR 3.73(b). | ore the United States P<br>gned according to the | atent and Tradema<br>USPTO assignmer | ark Office (USPTO) in co<br>nt records or assignment | nnection with documents |  |  |
| Please   | change the corres                      | spondence address for the applicat   | ion identified in the att                        | ached statement u                    | nder 37 CFR 3.73(b) to:                              |                         |  |  |
|  |  |  |  |                                      |  |                         |  |  |
| X.   | The address as                         | sociated with Customer Number:   | 2473   | 7                                    |  |                         |  |  |
| OR   |  |  | <u> </u>   |                                      |  |                         |  |  |
|  | Firm or<br>ndividual Name              |  |  |                                      |  |                         |  |  |
| Addre  |  |  |  |                                      | · · · · · · · · · · · · · · · · · · ·                |                         |  |  |
| City   |  |  | State  | <del></del>                          | 1 26   |                         |  |  |
| Count  | ······································ |  | - Calle  |                                      | Zip  |                         |  |  |
|  |  |  |  |                                      |  |                         |  |  |
| Teleph   | none                                   |  |  | Fax                                  |  |                         |  |  |
| Assigne  | e Name and Addi                        | PEC.   |  |                                      |  |                         |  |  |
|  |  |  |  |                                      |  |                         |  |  |
| KONINKLIJKE PHILIPS ELECTRONICS N.V.   |  |  |  |                                      |  |                         |  |  |
| Groenewoudseweg 1 5621 BA Eindhoven, The Netherlands   |  |  |  |                                      |  |                         |  |  |
|  |  |  |  |                                      |  |                         |  |  |
| A copy   | of this form, t                        | ogether with a statement und   | ler 37 CFR 3.73(b)                               | Form PTO/SB/9                        | 96 or equivalent) is re                              | equired to be           |  |  |
| filed in each application in which this form is used. The statement under 37 CFR 3.73(b) may be completed by one of the practitioners appointed in this form if the appointed practitioner is authorized to act on behalf of the assignee, |  |  |  |                                      |  |                         |  |  |
| and mu   | ist identify the                       | application in which this Po-  | wer of Attorney is t                             | o be filed.                          | act on Bonan or are                                  | doorgiree,              |  |  |
|  | The                                    | SIGNAT<br>lividual whose signature and title   | URE of Assignee of its supplied below is at      | Record<br>othorized to act on        | behalf of the assignee                               |                         |  |  |
| Signatur   | e ///                                  | Made, M.   | un   |                                      | Date 14 Janua:                                       | ry 2005                 |  |  |
| Name   | Michae                                 |  |  |                                      |  | 333-9637                |  |  |
| Title  | Author                                 | ized Representat   | ive  |                                      | . (2 – - /   |                         |  |  |
| This salls   | -41 # 1 - # 11                         |  |  |                                      |  |                         |  |  |

This collection of information is required by 37 CFR 1.31, 1.32 and 1.33. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 3 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.